

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **32970**
Registrar's No. **8497**

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		State File No. 32970		Registrar's No. 8497			
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Jefferson							
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis				c. LENGTH OF STAY (in this place) 1 day		c. CITY (If outside corporate limits, write RURAL and give township) Arnold					
d. FULL NAME OF HOSPITAL OR INSTITUTION Lutheran Hosp.				d. STREET ADDRESS (If rural, give location) Rural Route 1							
3. NAME OF DECEASED (Type or Print) PETER			a. (First)		b. (Middle) L.		c. (Last) GLATT		4. DATE OF DEATH (Month) (Day) (Year) 9-8-52		
5. SEX male		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH 3-26-1881		9. AGE (In years last birthday) 71		10. UNDER 1 YEAR Months Days	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired farmer		10b. KIND OF BUSINESS OR INDUSTRY farm		11. BIRTHPLACE (City and State or Foreign Country) Jefferson Co., Mo.				12. CITIZEN OF WHAT COUNTRY? USA			
13a. FATHER'S NAME Jacob Glatt				13b. MOTHER'S MAIDEN NAME Elizabeth Bomacker				14. NAME OF HUSBAND OR WIFE Pauline Glatt			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)				16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME Pauline Glatt, Arnold, Mo. ADDRESS _____					
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary thrombosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						INTERVAL BETWEEN ONSET AND DEATH 7 days	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION								20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)							
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 332X							
22. I hereby certify that I attended the deceased from Sept 7, 1952 , to Sept 8, 1952 , that I last saw the deceased alive on _____, 19____, and that death occurred at 5:20 P.M. , from the causes and on the date stated above.											
23a. SIGNATURE G M Frank M.D. (Degree or title)				23b. ADDRESS 3701 Grand St				23c. DATE SIGNED Sept 9, 52			
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 9-8-52		24c. NAME OF CEMETERY OR CREMATORY Imperial, Mo.				24d. LOCATION (City, town, or county) (State)			
DATE REC'D BY LOCAL REG. SEP 9 1952		REGISTRAR'S SIGNATURE J. Carl Smith M.D.				25. FUNERAL DIRECTOR'S SIGNATURE Heiligttag, Imperial, Mo. ADDRESS _____					

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed _____

Licensed Embalmer No. 4266

P. O. Address W. J. Jones, Inc.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.